

## Morehead City Parks and Recreation Department Athletic Program Registration Form

Child's Name: \_\_\_\_\_  
Last First Middle Name Preference

Parent's/Guardian's Name: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Child's Gender: male female

Program: (Please Circle) Basketball Cheerleading Coach-Pitch Baseball T-Ball Tennis

Previous Year's Team Placement: \_\_\_\_\_ Desired Team Placement: \_\_\_\_\_

Practice or Game Conflicts (Days & Times): \_\_\_\_\_

### Release of Liability

I do hereby and forever discharge the participants, instructors, and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program.

I hereby acknowledge and admit that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.

Permission is hereby granted for my child \_\_\_\_\_ to participate in the Morehead City Parks and Recreation Department's program.

\_\_\_\_\_  
Parent/Guardian Signature

### For Office Use Only

Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cash: \_\_\_\_\_

Received Initials: \_\_\_\_\_

Check: \_\_\_\_\_

Group: Boys Girls Coed

Age: 5-6 7-8 9-10 11-12 13-14 15-16 17-18